Health
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The Health of Children and Youth in British Columbia:

DELPHI SURVEY OF KEY ISSUES

STUDY REPORT

Prepared for the:
British Columbia Ministry of Health
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OFFICE OF
HEALTH PROMOTION
Ministry of Health
1515 Blanshard St.
Victoria, B.C.
V8W 3C8

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1.0 EXECUTIVE SUMMARY

PROCESS:

In the summer of 1990, the Office of Health Promotion (OHP) and the Coordinating Committee for Child, Youth and Family Health (CCYFCH), B.C. Ministry of Health set out to obtain consensus on current health issues for children and youth in B.C. It was anticipated that involving experts in this process would lend strength and credibility to the findings and would further enhance collaboration between the various branches within the Ministry of Health, other Ministries, and agencies that share responsibility for the health of children and youth in British Columbia.

As the expense of bringing experts together to secure a consensus on priorities was prohibitive, the Delphi survey technique was chosen as a feasible alternative. This technique is designed to generate discussion among a group of individuals leading to a judgement or consensus on a specific topic.

Participants were selected for the first round of inquiry by asking members of the CCCYFH to select individual experts among three broad categories; traditional health care practitioners, civil servants, and individuals with a special interest in child and youth care. Geographic and occupational representation were also sought. A total of sixty two (62) participants were identified to take part in the survey. These participants were invited to take part in a three phase process to obtain consensus on major issues affecting the health of children and youth in the province.

In the first phase of the project respondents were asked to respond to the question **"What issues need to be addressed to improve the health of Children and Youth in British Columbia?".** In addition respondents were asked to nominate at least two additional people with expertise in the field of child or youth health who might be interested in participating in the survey. Once duplications were eliminated only 42 additional names were identified bringing the total number of potential respondents to 104.

As this group were considered to be leaders in their chosen fields, it was believed that their collective experience would lend credibility to the process and their opinions would represent a provincial consensus on priority health issues for children and youth in British Columbia. Their input was seen to be critical in assisting the Ministry of Health in determining areas for future action.

A total of twenty issues were identified by refining and prioritizing responses to the three questionnaires. Of these twenty issues seven are highlighted as key issues for the Ministry to focus its policy and program delivery for children and youth. The key issues in order of concern are: ***Mental Health, Family Violence, Lack of Coordination in Service Delivery, Poverty/Housing, Alcohol and Drug Use, a need for Policy Formulation*** and ***Pregnancy and Post Natal concerns for special needs groups.***

This report highlights the process by which the key issues were identified as well as more in depth analysis of each of the issues. In addition to the final ranking of issues a number of potential interventions were identified by survey respondents ranging from supporting innovative approaches to planning, policy formulation and service delivery, to enhancing personal skill development. Suggested interventions for the seven key issues are also included.

CONCLUSIONS:

The original intent of the Delphi Survey was to identify and obtain consensus on the priority issues that affect the health of children and youth in British Columbia. This objective has been realized, but there is a need to refine actions in order for this process to be useful.

The challenge that faces the Ministry and its various branches is to assess how well the identified issues are currently being addressed, what strategies/interventions can be considered, and who will take the "lead" responsibility for coordinating action? The recent establishment of the provincial Child and Youth Secretariat is seen as a positive step towards realizing cooperative action.

The issues identified in the delphi survey are not new to the Ministry of Health, however obtaining consensus on major issues can assist in the development of future policies and programs to maintain and improve the health of children and youth in British Columbia.

2.0 INTRODUCTION

2.1 PROBLEM

The British Columbia Ministry of Health supports a number of program areas which address the health needs of children and youth. These programs are found throughout the Ministry and offer a wide range of community and institutional services for children and youth in the province. The Ministry's program areas respond to health needs as identified by health professionals, special interest groups, professional organizations, academic institutions, individuals, clients and provincial or federal agencies/ organizations. Each of these sources serves to highlight health issues for children and youth that might require government attention. What is lacking however is a clear consensus on the issues that the Ministry of Health needs to address in its policy and program delivery for children and youth.

2.2 RATIONALE

In the summer of 1990, the Office of Health Promotion (OHP) and the Coordinating Committee for Child, Youth and Family Health (CCYFCH), B.C. Ministry of Health set out to obtain consensus on which issues need to be addressed to improve the health of children and youth in the province. A process involving broad based representation from child and youth health and social service practitioners, civil servants, community groups and young people was established. It was anticipated that involving experts in this process would lend strength and credibility to the findings and assist in determining subsequent action plans. A survey format following the *delphi technique* was selected to achieve these objectives.

2.3 PURPOSE

The purpose of the survey, was to identify and obtain consensus on issues that would need to be addressed to improve the health of children and youth in British Columbia. It was believed that the judgement of experts could be used to assist the Ministry of Health in determining important areas on which future policies and programs could be designed and implemented. In addition it was felt that the process could enhance collaboration between various divisions within the Ministry of Health, other Ministries, and with agencies that support programs targeted to children, youth and their families.

3.0 METHODOLOGY

3.1 DELPHI TECHNIQUE

The active involvement of child and youth care practitioners throughout the province was a primary goal of the survey. As the expense of bringing experts together for the type of interaction necessary to build consensus was prohibitive, the Delphi technique was chosen as a feasible alternative.

The Delphi Survey technique is a research method designed to generate discussion among a group of individuals leading to a judgement on a specific topic. Its strength lies in its ability to generate consensus without having to bring the participants together in the same location. It is a method that is well suited to researching problems and developing policies that require expert judgement. Three main features distinguish the Delphi technique of group decision making from other group encounters.[1] These are:

i) Anonymity There are two levels of anonymity relevant to this technique. First, the participants remain unknown to one another, thus most of the psycho-social pressures inherent in face-to-face meetings may be eliminated. The second level of anonymity guarantees that no response can be traced back to an individual, thus encouraging the participants to document their true opinions without fear of repercussion.

ii) Controlled feedback of responses The aggregate results of each questionnaire are returned to participants, allowing them to assess their standing within the group, and subsequently to maintain or modify their original responses. Through this process the Delphi technique aims to facilitate group opinion and can claim to represent a group's opinion.

iii) Statistical group decision Consensus is determined by the aggregate ranking of items as indicated by the group's responses. The emerging consensus may therefore not represent the judgement of any one expert, or the "best" judgement, but is a compromise. Consensus of this type has merit in many circumstances, particularly in establishing organizational objectives or public policies.

The Delphi's claim to validity is its ability to examine and accurately reflect the subject under study. The strength of its validity is based on the fact that the very nature and content of the survey is generated and dictated by the participants. Content validity can be assumed if the participants in the survey can be shown to be representative of the group, or are knowledgeable concerning the subject under study. Based on knowledge of the group's viewpoint, the participants can reformulate their responses. The process ends when consensus has been reached or when the topic is considered to have been fully explored.

3.2 SAMPLE SELECTION

Participants were selected for the first round of inquiry with the input of individual members of the CCCYFH. Members were asked to identify child and youth health experts as potential respondents. Broad occupational and geographic representation was also sought. Youth respondents from various geographic regions of the province were also identified.

A total of sixty two (62) participants were selected and invited to take part in the first phase of the survey. The first questionnaire was mailed inviting the respondents to take part in the survey and to nominate at least two additional child and youth experts whose contributions they felt would be valuable to the process. Once duplications were eliminated only 42 additional respondents were identified bringing the total number of respondents to 104. The occupational backgrounds of the respondents included: Medical Practitioners (24); Nurses (15); Public Servants (15); Community groups (20); Youth (6); Native Society staff (3) and Child and Youth Care Practitioners (21).

3.3 INSTRUMENTS

The Delphi technique utilizes series, or rounds of questionnaires to determine a group's opinion on a specific topic. The survey format involved three phases and included the following:

3.3.1 **Phase 1**: First Questionnaire - ISSUE IDENTIFICATION

The first questionnaire was developed with input from individual CCCYFH members. Questionnaires were mailed to the original 62 respondents with a covering letter and a self-addressed, postage guaranteed envelope in which to return the completed questionnaire. The covering letter explained the Delphi technique, the purpose of the survey, and the requested level of involvement. The questionnaire asked respondents to generate as many issues as they would like in response to an open ended question, **"What issues need to be addressed to improve the health of children and youth in British Columbia?".** Two weeks following the initial mailing a reminder card was sent to all respondents asking them to complete the questionnaire if they had not already done so.

Responses were reviewed by members of the CCCYFH with the assistance of a research assistant. The responses were then categorized as one of:

- Primary determinants of health
- Contributing factors to health
- Organizational factors in the health delivery system
- Mechanisms/Solutions.

The survey results were collated and returned with questionnaire number two.

3.3.2 **Phase II**: Second Questionnaire - PRIORITY SETTING

Questionnaire II was mailed to the 104 potential respondents and consisted of a summary of the issues identified in questionnaire I, the categories used to list the issues and statements that respondents had made about the issues. In phase II respondents were requested to review the classification of issues from Questionnaire 1, clarify any issues that had been identified and rank in order of priority the ten issues that they felt were most important.

Although respondents were given a listing of all the identified issues they were not asked to rank those that related to "mechanisms/solutions". These were considered as possible interventions or solutions and as a result were not included in the health issues to be ranked.

The survey responses were collated, coded and analyzed by the research assistant and the results were mailed out to all 104 respondents.

3.3.3 **Phase III**: Third Questionnaire - FINAL RANKING

A total of twenty (20) issues were identified from Phases I and II of the survey. Questionnaire III included a detailed description of the twenty issues and the results of the ranking from questionnaire II. Respondents were asked in this phase to repeat the ranking process in light of the feedback they had received. Respondents were also asked to answer two additional questions related to each issue that they ranked. These were: what intervention(s) or model program(s) would they recommend to address the issue, and what measure(s) could best be used to show the extent of the problem or be used to evaluate the intervention?

3.4 RESPONSE RATES:

Survey response rates are known to vary with the number of rounds of questionnaires and the complexity of a survey.[2] Delphi response rates are often in the range of 50 - 70% with higher rates resulting in surveys that have few respondents and are limited to simple questions.

Response rates for the three phases of the survey were as follows:

Phase I:	Response rate = 44/ 62	71.0%
Phase II:	Response rate = 66/104	63.5%
Phase III:	Response rate = 69/104	66.4%

The final response rates achieved in this delphi were seen to be excellent when one takes into consideration the complexity of the required task and the relatively high number of respondents. [3]

4.0 DETERMINING THE FINAL RANKING:

Responses to the second and third questionnaire were coded, entered into a computer line file, and analyzed using the SPSS/PC statistical package. The *final* ranking of issues was determined by calculating a *weighted mean* for each issue that had been identified. The weighted mean criteria was calculated to account for three factors:

- the total number of people who rated the issue as a priority,
- the ranking or priority that was assigned to the issue, and
- the number of people who chose not to rate the issue as a priority.

This weighted mean was deemed to be necessary after the analysis of the second questionnaire had been completed. The ranking on the second questionnaire resulted in several issues being ranked quite high despite having few respondents voting for that particular issue.

The choice to use a weighted mean as the indicator of relative priority was influenced by several factors. The first was the request that respondents rank the top ten issues as they saw them in order of priority. The mean would then provide a rough guide to the relative priority assigned each issue. The number of respondents selecting a particular issue to rank and the range of respondents choices was the second determinant of final order. If a large number of respondents assigned a high or low priority and the range of choices was relatively narrow the mean would provide a clearer indication of choice.

The weighted mean also assigns a value to all unselected issues and uses the total number of respondents in its calculation. The final calculation of the weighted mean resulted in the highest ranked issues being those which were voted on by the most number of respondents and had the highest rank or priority given.

The following pages highlight the final ranking of issues. The term "rank" indicates the relative priority of the issue as determined by its weighted mean. The term "votes" represents the total number of times that issue was identified as a priority. Each priority was assigned a "value" which corresponded to its position on the scale of one to ten. A value of eleven was assigned to all cases where the respondent chose not to rate the issue/priority. "Frequency" represents the total number of times the respondents selected each value. The weighted mean was calculated according to the following formula:

$$\frac{\text{Value X Frequency}}{\text{Total Number of Respondents}}$$

The issues are presented in order of priority with the first issue having the highest ranking and continuing in descending order.

Table I

FINAL RANKING OF ISSUES

RANK	ISSUE	VOTES	WEIGHTED MEAN
1.	***Mental Health***	***67***	***2.851***
2.	***Family Violence***	***58***	***4.791***
3.	***Service Delivery Coordination***	***55***	***4.806***
4.	***Poverty/Affordable Housing***	***56***	***5.433***
5.	***Alcohol & Drug Use***	***60***	***6.000***
6.	***Formulation of Policy***	***47***	***6.925***
7.	***Pregnancy/Post Natal Concerns***	***42***	***7.910***
8.	Sexual Behaviour	33	9.000
9.	Suicide	34	9.060
10.	Standards of Care	24	9.224
11.	Special "at risk" groups	23	9.448
12.	Accidents	20	9.522
13.	Minority Group Needs	24	9.537
14.	Environment	26	9.582
15.	Nutrition	21	9.866
16.	Illiteracy	20	10.030
17.	Smoking	16	10.164
18.	Regional Disparity	17	10.284
19.	Inventory	6	10.672
20.	Eating Disorders	7	10.716

5.0 ANALYSIS OF RESULTS

5.1 FINAL RANKING:

A total of twenty issues were identified and ranked by respondents in questionnaires I and II. The final ranking of issues was determined using the weighted mean calculation.

Many of the respondents indicated that it was difficult to assign a priority to the issues because of the need to select out by default those issues not assigned as a priority. Some respondents considered all the issues to be worthy of merit and expressed their difficulty in making a choice. In several cases respondents ranked all of the issues in sequence from one to twenty. In these cases the issues ranked from one to ten were accepted and the remainder were assigned a default value of eleven, equivalent to a 'non ranking'.

When reviewing the final ranking it is evident that several issues ranked significantly higher than others and there is some overlap between issues. Respondents indicated their difficulty in ranking apparent **health** issues with issues related to **organizational policies** or **programs**. In several cases respondents indicated that some of the issues could be subsumed within larger ones. For example, Mental Health was seen by some of the respondents to include the issues of Family Violence, Alcohol and Drug Use, Suicide, and Eating Disorders. Coordination in Service Delivery was seen by some to include the issues of Policy Formulation, Standards of Care, and Regional Disparity. Poverty/affordable housing was also seen by some to be related to Family Violence, Alcohol and Drug Use, Pregnancy and Post Natal Concerns, Minority Group Needs, Accidents, Nutrition, and Illiteracy. Clearly the respondents acknowledged the inter-relatedness of the identified issues as well as the difficulty in identifying issues on which to make policy or programming decisions.

Included in this section is a summary of the seven key issues and respondents suggestions for interventions. Analysis of the weighted means demonstrated that after the seventh ranked issue, the means diminished and it became more difficult to distinguish between issues. As a result the key issues identified in the survey highlight the first **seven** issues. Table I relates the final order of priority for the entire list of twenty issues.

Due to the complexity of the delphi process few respondents replied to the question related to **measuring** the extent of the problem or issue identified. As a result there is no further discussion concerning measures in this report.

5.2 KEY ISSUES AND SUGGESTED INTERVENTIONS

5.2.1 **Mental Health**

The issue ranked highest by respondents was that of ***Mental Health.*** Respondents broadly defined this issue and included child and youth concerns with stress, alienation, poor self image, depression, peer pressure, coping with grief and physical and sexual abuse. Mental health was seen to be an issue that is likely a contributing factor to other health concerns for children and youth.

Suggested Interventions

Suggestions as to possible changes in program orientation and service delivery were made by several respondents. These included the need to:

In the area of program orientation:

- evaluate and support approaches that emphasize health promotion and disease prevention (ie. Parent training and support in child development and behaviour management; the new Learning for Living program in the school system)
- review successful child and youth mental health programs in other provinces/countries.
- promote peer counselling programs

In the area of service delivery:

- coordinate community based regional service delivery
- ensure that children's mental health services are separate from those of adults
- provide treatment in the context of the family and not an isolated individual/client/child.

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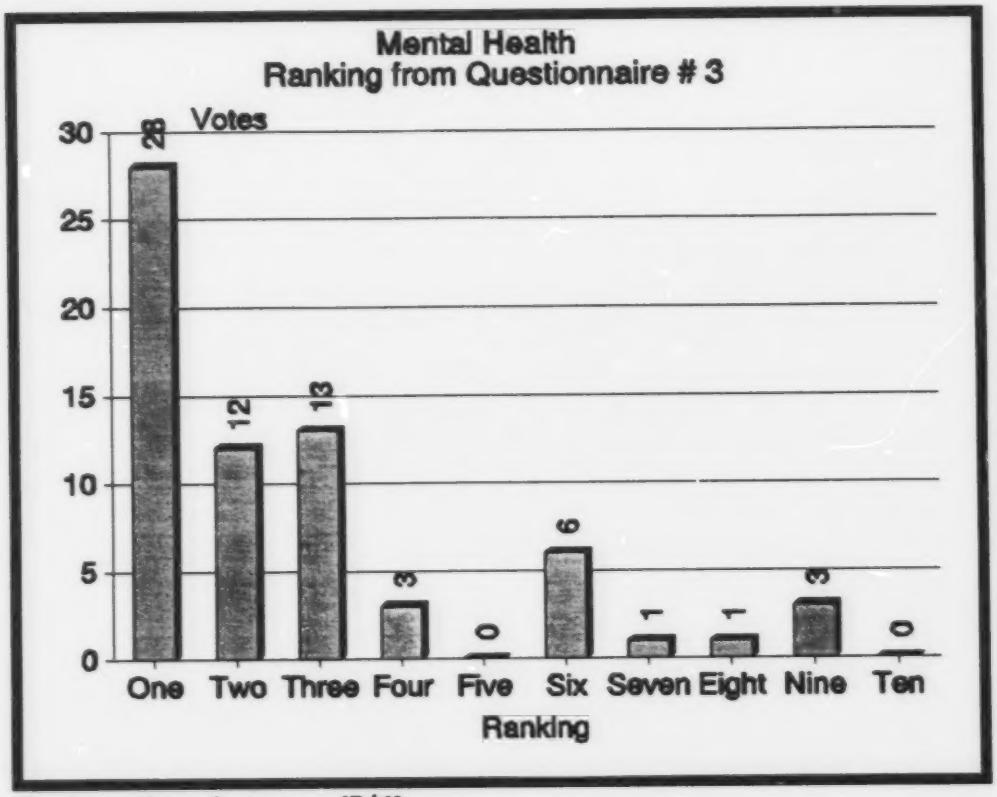
ISSUE: **MENTAL HEALTH** **FINAL RANK 1**

The following statement outlines respondents' comments or definitions concerning this particular issue.

There is an increased need for attention to the mental health of children and adolescents particularly in dealing with: stress; alienation; poor self image; depression; peer pressure; lack of life long recreation skills; grief and loss.



Total number of votes = 67/69
Weighted mean = 2.851

5.2.2 **Family Violence**

The second ranked issue was that of ***Family Violence***. When one reviews how the respondents defined the issues it is clear that both the first ranked issue - ***Mental health*** and the second - ***Family violence*** are closely related. Family violence was seen to be related to social, cultural and economic factors. Several respondents asked that wife assault be considered as a separate issue from child sexual or physical abuse. The issue of family violence was also seen to include abuse that takes place outside of the home.

The inter-relatedness of issues one and two was highlighted by several respondents who defined mental health as including concerns with physical and sexual abuse. This was an indication that respondents drew a correlation between family violence and child/youth mental health. These two issues are clearly of importance to the respondents who service a large number of children and youth in the province.

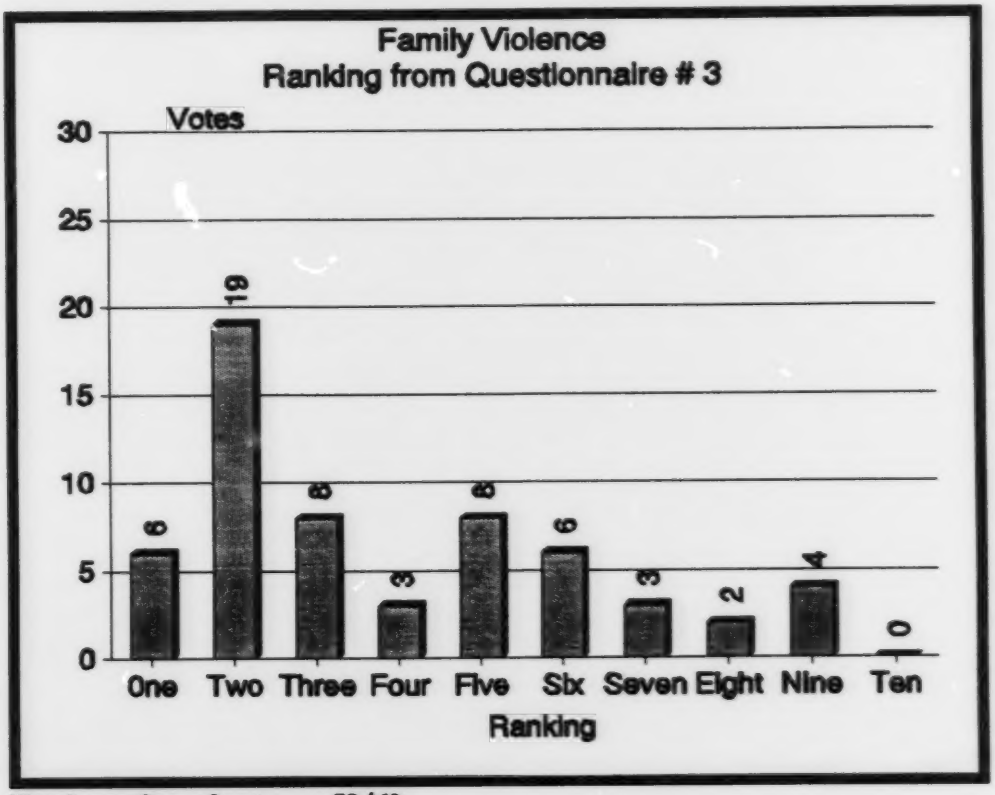
Suggested Interventions

The possible interventions for family violence that were identified by respondents included a call for programs that would enhance family functioning, emphasize preventive approaches and treat the child/youth victims of abuse and neglect. A review of programs in Ontario and Vancouver was suggested by several respondents. There was some agreement that increasing educational awareness programs targeted to specific ages would be helpful. In addition continued support of *Nobody's Perfect* programs was suggested.

ISSUE: **FAMILY VIOLENCE** **FINAL RANK 2**

The following statement outlines respondents' comments or definitions concerning this particular issue.

Family violence is an issue related to social, cultural and economic factors. There is a general need for increased awareness, education, and prevention programs and a specific need for programs to treat the child victims of abuse and neglect.



Total number of votes = 58/69
Weighted Mean = 4.791

5.2.3 **Coordination of Service Delivery**

The third ranked issue concerned the perceived **lack of coordination in service delivery** by respondents. Included in this issue were concerns related to a lack of effective coordination in all areas of planning, service delivery, monitoring, evaluation and research in child and youth health.

Suggested Interventions

Respondents identified a need for greater emphasis on prevention and the establishment of a provincial "centre" which focuses on child and youth health issues (eg. an Institute of Child and Youth Health). Establishing such a centre would set in place a mechanism that would draw on expertise in many fields to address the special needs of children, youth and their families.

Several respondents identified a need for a single "point of entry" to services for children and youth. It was expressed that such an entry point would eliminate the fragmented approach of several Ministries addressing the needs of children and youth independently.

Several models of service delivery were suggested for review - one that has been developed to deal with congenital anomalies in Seattle and a second that has been developed in Calgary to target children's mental health needs. These programs were perceived to address concerns related to coordination of service delivery and were considered worthy of further investigation by several respondents.

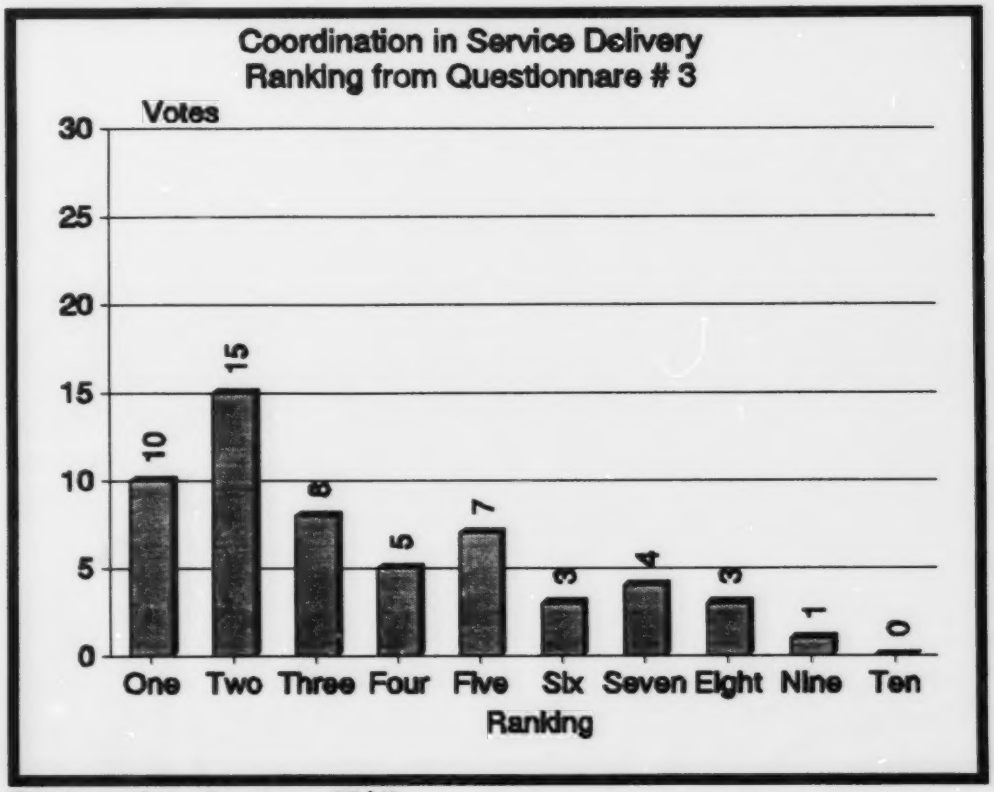
The recent establishment of the Child and Youth Secretariat was perceived as a positive step in coordinating service delivery for children and youth in need.

ISSUE: **COORDINATION OF SERVICE DELIVERY**

FINAL RANK 3

The following statement outlines respondents' comments or definitions concerning this particular issue.

There is a lack of effective coordination in the areas of: research, planning, service delivery, service monitoring, evaluation and accountability.



Total number of votes = 55/69
Weighted Mean = 4.806

5.2.4 **Poverty/Affordable Housing**

The need to alleviate **poverty** and to provide **affordable housing** was ranked as the fourth major issue. Respondents identified the link between poverty and child health and that in British Columbia too many children are living below the poverty line. These children are felt to be consistently over represented in child welfare, youth corrections and health service systems. In addition an increasing number of adolescent mothers are living in poverty thereby affecting their own health and that of their children.

Suggested Interventions

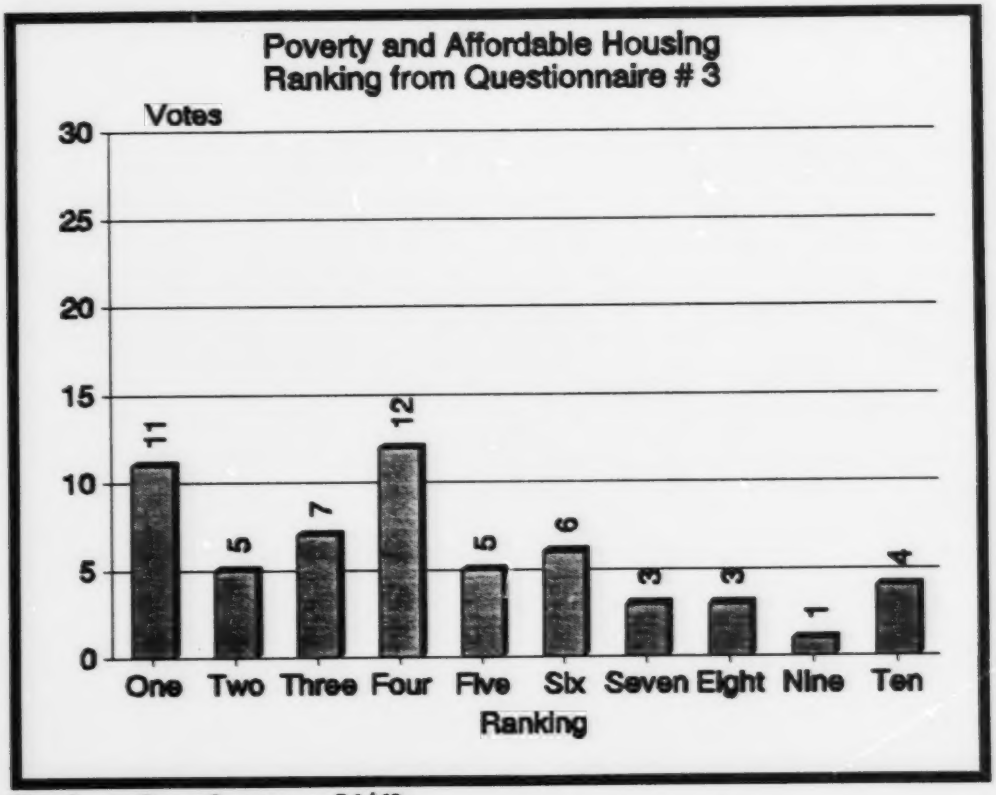
The issue of child poverty is one that requires a coordinated effort to eliminate. Respondents suggested that government implement a guaranteed annual income and subsidized community housing that accommodates child needs. Continued support for initiatives that enable adolescent mothers to complete their education was also encouraged.

Several respondents suggested the need to review programs that have been launched in other provinces and countries to address the increasing number of children and youth living in poverty.

ISSUE: **POVERTY/AFFORDABLE HOUSING** **FINAL RANK 4**

The following statement outlines respondents' comments or definitions concerning this particular issue.

Too many children are living below the poverty line and are consistently over represented in child welfare, youth corrections and health service systems.



Total number of votes = 56/69
Weighted Mean = 5.433

5.2.5 **Alcohol and Drug Use**

The fifth ranked issue was identified as the **use and abuse of alcohol and drugs** with the significant health risk this poses for children and adolescents. This issue was seen to include the effect that living with a parent who abuses alcohol or other drugs has on a child or adolescent.

Suggested Interventions

Respondents raised concerns ranging from the effects of alcohol and drug abuse on the fetus to the need for treatment centres targeted to young people (eg. adolescent detox centres). A number of prevention and treatment programs were also identified including "Project Squeeze" (Skeena Health Unit), "Ready or not Program", "Hey Way Nogu" and the Ministry of Labour's "TRY" Program. A comprehensive review of these programs has not been conducted for the purpose of this survey. Respondents also identified the need for health impact awareness campaigns to be conducted wherever drugs (tobacco and prescription) or alcohol are sold.

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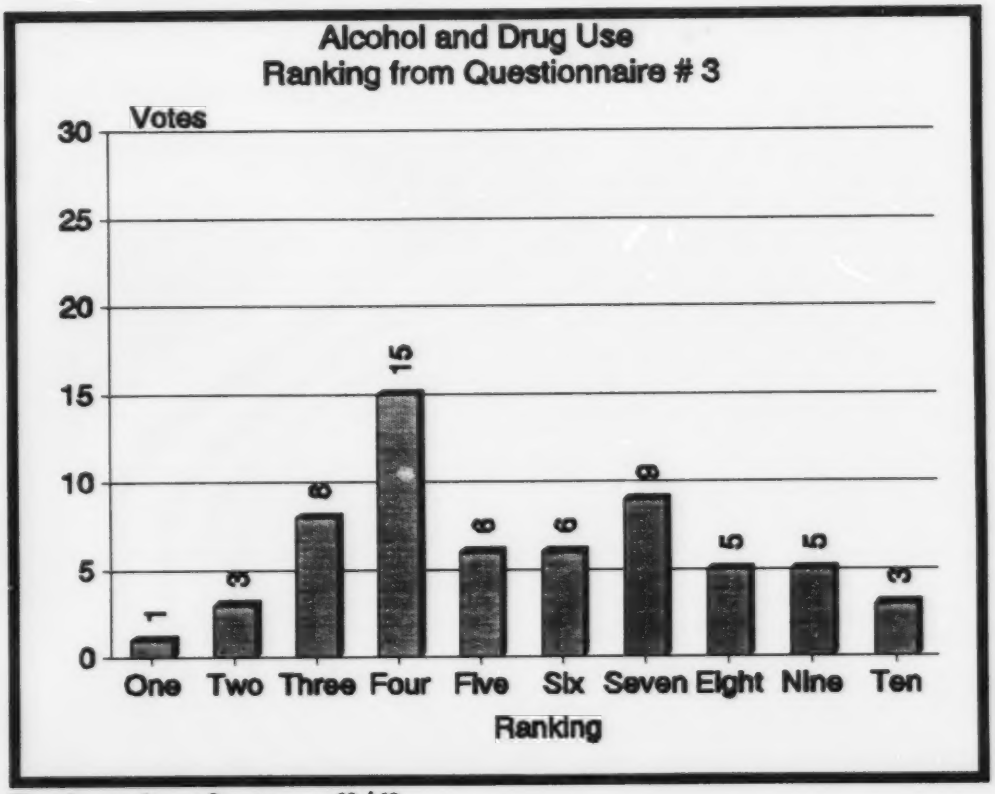
ISSUE: **ALCOHOL AND DRUG USE** **FINAL RANK 5**

The following statement outlines respondents' comments or definitions concerning this particular issue.

The use and abuse of alcohol and drugs is a significant health risk for children and adolescents.



Total number of votes = 60/69
Weighted Mean = 6.000

5.2.6 **Formulation of Policy**

Respondents identified as the sixth ranked issue the need to **formulate policies that focus on children and youth** and are responsive to their needs. Policy formulation was seen to be particularly important for adolescents.

When identifying areas for policy development respondents focused on the need to develop a mechanism/system that is child/youth centred and reflects a coordinated/multi-sectoral approach to planning and program delivery.

The issue of policy formulation was closely linked to the third ranked issue - *Coordination of service delivery*. Respondents identified several areas for policy formulation that reflect a need for a coordinated system of service delivery. These include the need for:

- greater community planning in service delivery
- broader criteria for access to services
- broader definition(s) of basic and special needs, and
- a gradual transition period for youth released out of the care of Social Services and Housing at the age of 19 years.

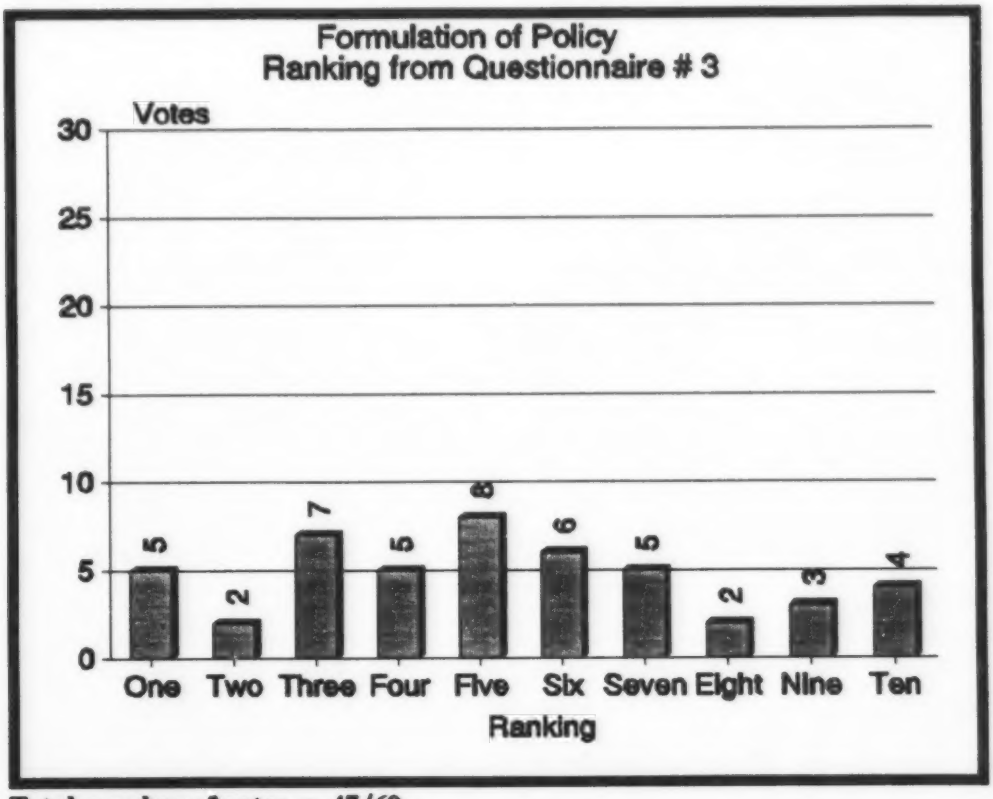
Suggested Interventions

Suggested approaches to policy formulation included the need to coordinate interministerial policies through a structure such as the Child and Youth Secretariat or an equivalent agency/committee. Respondents clearly defined the need to adopt innovative approaches to determining policy, planning and service delivery that involve the community at large such as "healthy communities" or "Kidsplace" initiatives (eg. Seattle, Edmonton).

ISSUE: **FORMULATION OF POLICY** **FINAL RANK 6**

The following statement outlines respondents' comments or definitions concerning this particular issue.

The primary issues that need to be addressed in formulating policy are that:
(a) the definition of basic needs and criteria for access to services are too narrow;
(b) the definition of special needs excludes behavioral disorders;
(c) there is not enough community planning in service delivery;
(d) youth in the care of M.S.S.H. are released at the age of 19 without the benefit of a grant transition period.



Total number of votes = 47/69
Weighted Mean = 6.925

5.2.7 **Pregnancy and Post Natal Concerns**

The seventh ranked issue ***Pregnancy and Post natal concerns*** identified the need to increase pre and post natal care for special populations including adolescent, native and new Canadian mothers. Concerns related to nutrition, maternal and family health, mental health and fetal alcohol syndrome were also included here.

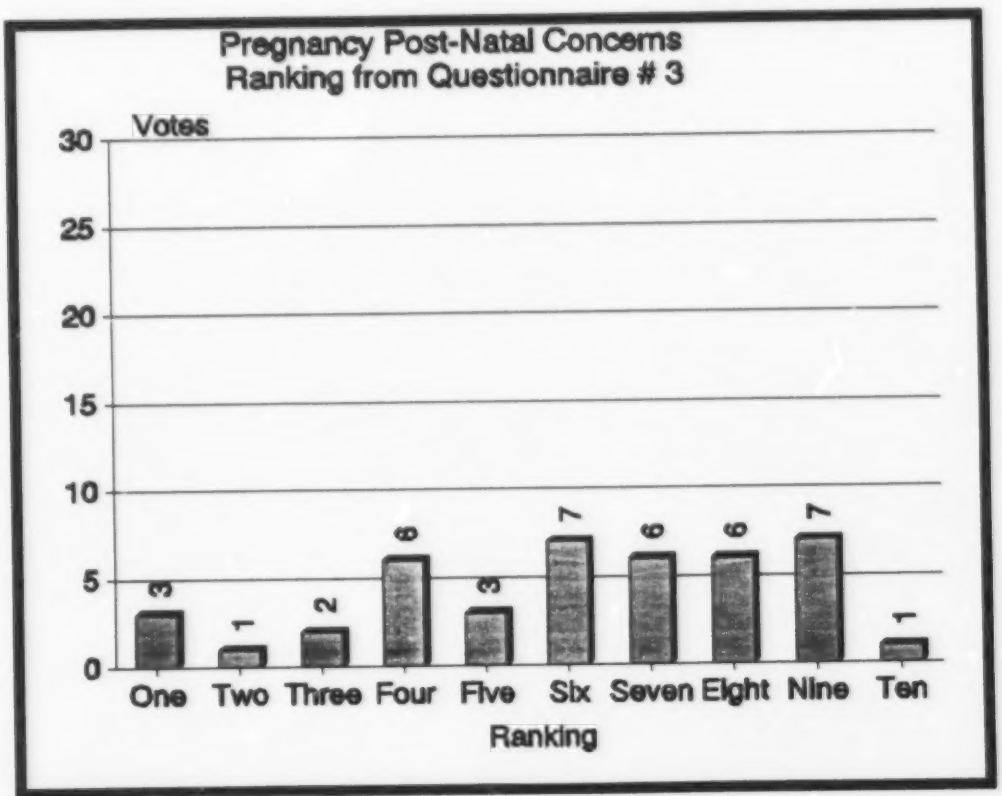
Suggested Interventions

Respondents suggested a number of programs that provide support and enhance coping skills for special needs mothers. These include programs such as "Healthiest Babies Possible", "Pregnancy Outreach Projects" and those that provide day care and parenting skills for mothers wishing to continue their education. The critical role of public health professionals in providing support in this area was also identified.

ISSUE: **PREGNANCY AND POST NATAL CONCERNS**
FINAL RANK 7

The following statement outlines respondents' comments or definitions concerning this particular issue.

There is a need for increased pre/post natal care for special populations including adolescents, first nations peoples, and recent immigrants in the areas of nutrition, mental health and early detection of fetal alcohol syndrome.



Total number of votes = 42/69
Weighted Mean = 7.910

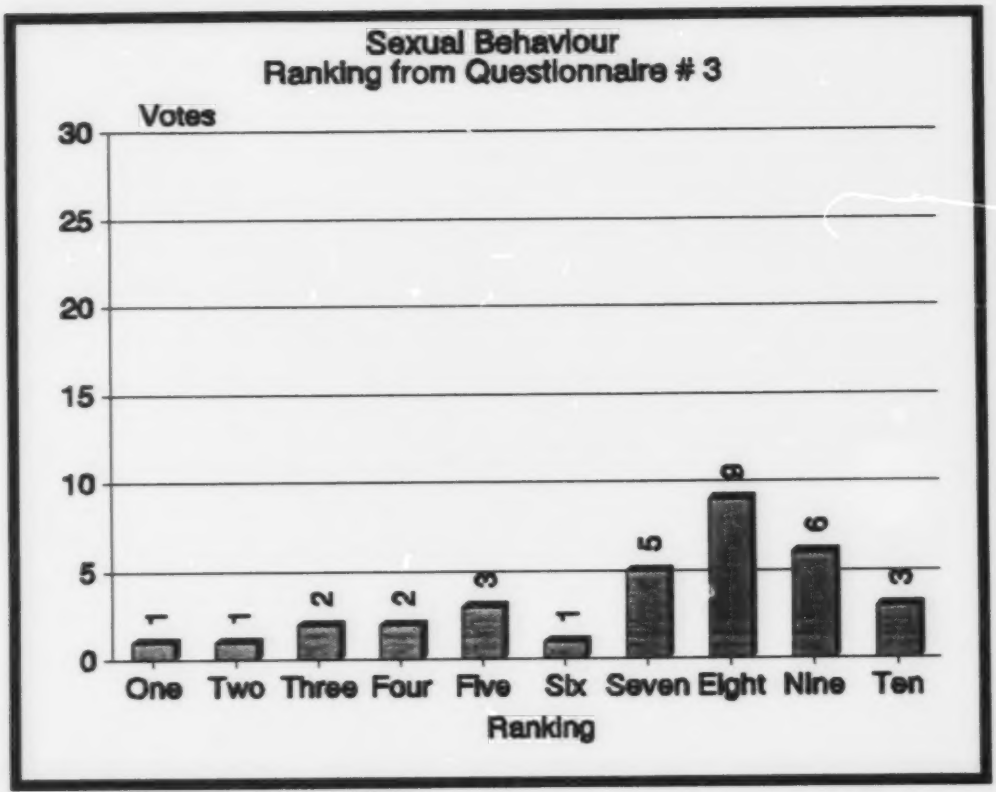
5.2.8 **Remaining Issues**

Thirteen additional issues were ranked by respondents and more details concerning these are found in the remainder of this section.

ISSUE: **SEXUAL BEHAVIOUR** **FINAL RANK 8**

The following statement outlines respondents' comments or definitions concerning this particular issue.

Two primary areas of need are:
(a) increasing prevention information for AIDS and other S.T.D.'s;
(b) better response to the problem of runaways / child prostitutes.



Total number of votes = 33/69
Weighted Mean = 9.000

The Health of Children and Youth in British Columbia:
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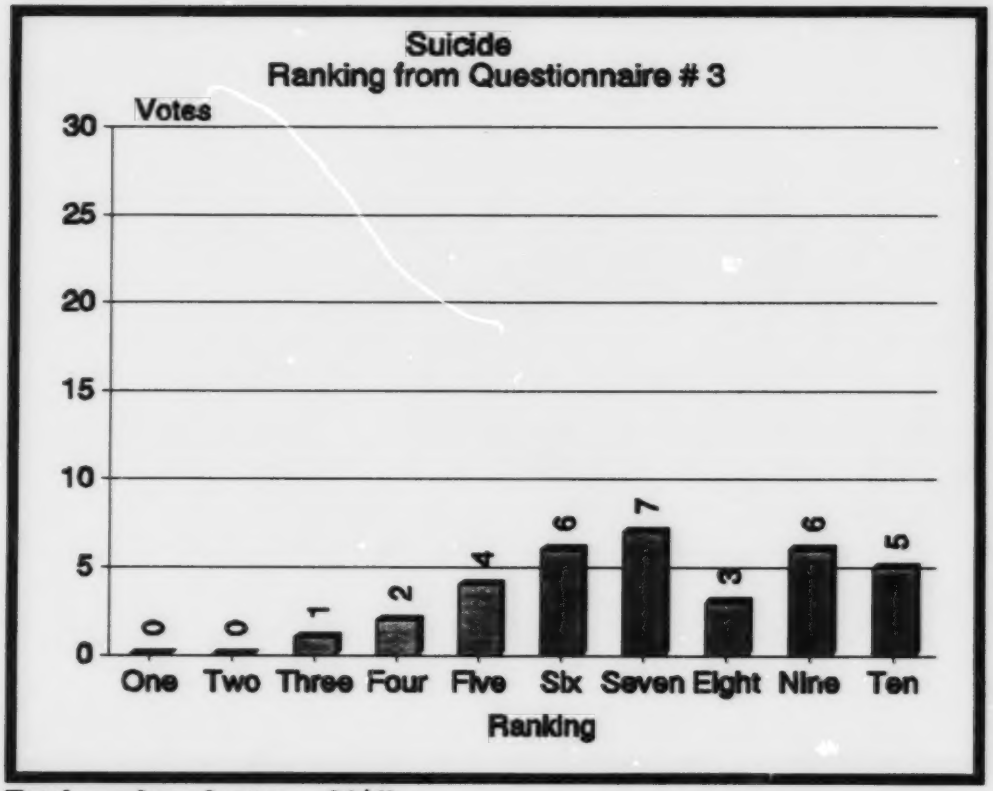
ISSUE: **SUICIDE** **FINAL RANK 9**

The following statement outlines respondents' comments or definitions concerning this particular issue.

Suicide presents a significant risk to adolescents and there is a need for increased awareness of suicide, suicide prevention, and improved community response (hospitals, M.S.S.H., Mental Health Services).

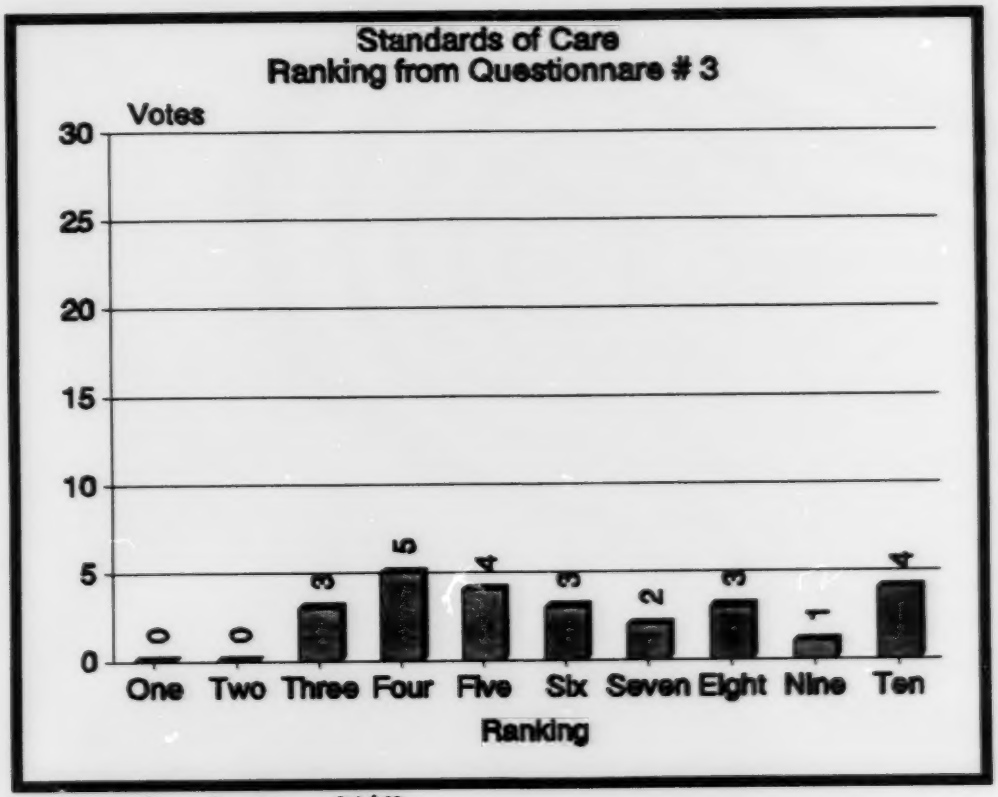


Total number of votes = 34/69
Weighted Mean = 9.060

ISSUE: **STANDARDS OF CARE** **FINAL RANK 10**

The following statement outlines respondents' comments or definitions concerning this particular issue.

There is a lack of standards to guide the provision of care and services to children and youth.

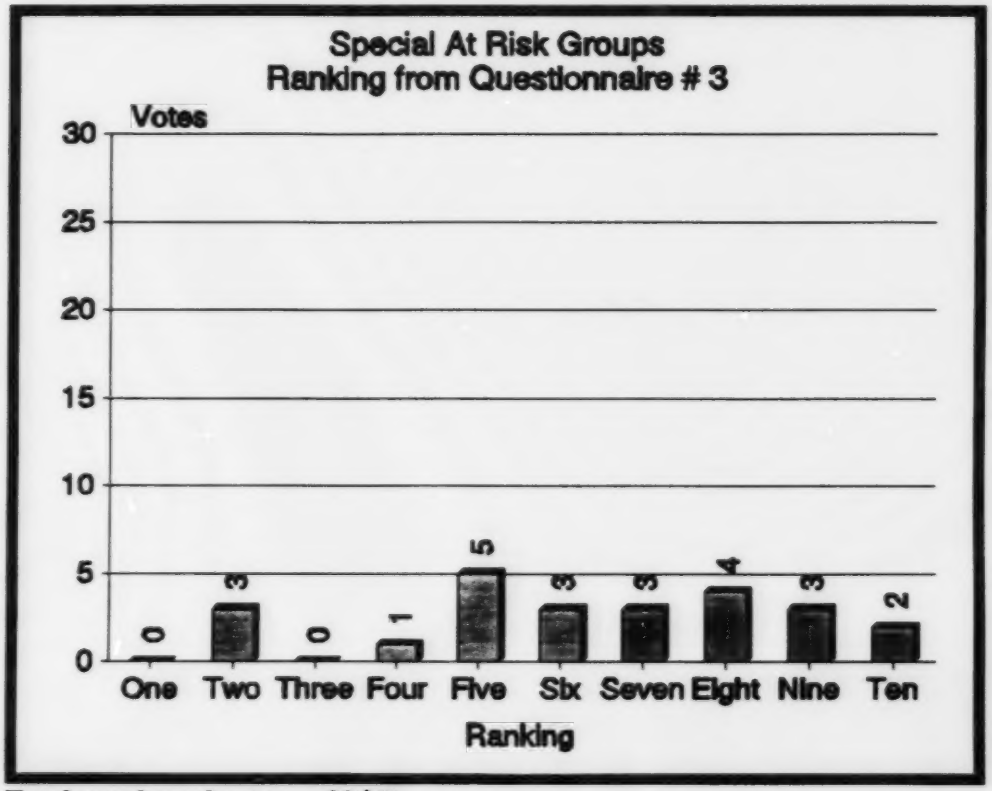


Total number of votes = 24/69
Weighted Mean = 9.224

ISSUE: **SPECIAL "AT RISK" GROUPS** **FINAL RANK 11**

The following statement outlines respondents' comments or definitions concerning this particular issue.

There is a lack of specialized services especially in the areas of occupational, speech and physio therapies, and psychological services for medically related conditions such as head injuries and congenital anomalies.



Total number of votes = 23/69
Weighted mean = 9.448

The Health of Children and Youth in British Columbia:
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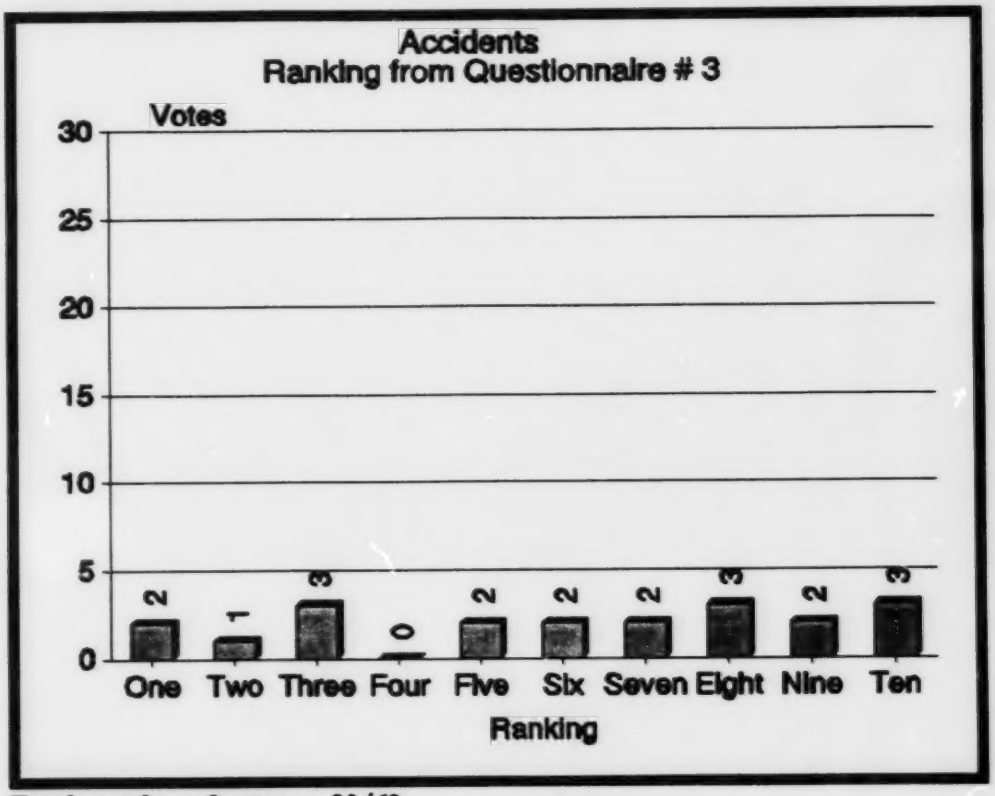
ISSUE: **ACCIDENTS** **FINAL RANK 12**

The following statement outlines respondents' comments or definitions concerning this particular issue.

Drinking and driving, and the failure to use seat belts are among the primary accident risks to child and youth health. Additional concerns include: bicycle safety, the use of helmets, and risk taking behaviour (particularly in adolescents).



Total number of votes = 20/69
Weighted Mean = 9.522

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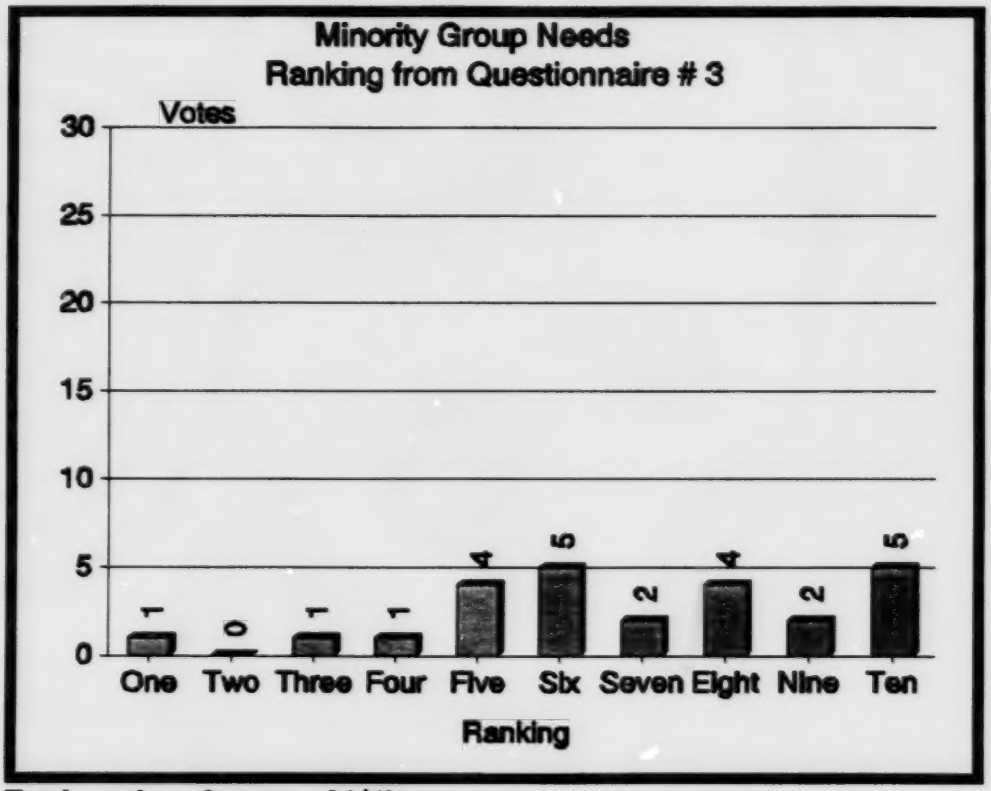
ISSUE: **MINORITY GROUP NEEDS** **FINAL RANK 13**

The following statement outlines respondents' comments or definitions concerning this particular issue.

There is a need for health, education and social services which are culturally and ethnically sensitive.

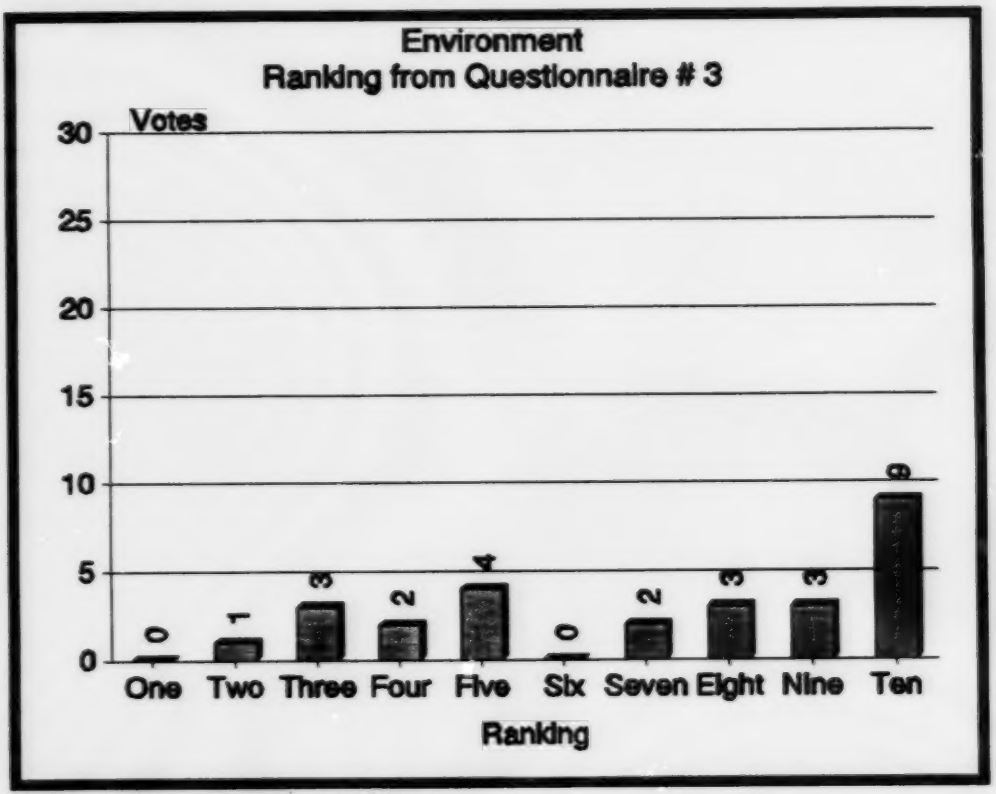


Total number of votes = 24/69
Weighted Mean = 9.537

ISSUE: **ENVIRONMENT** **FINAL RANK 14**

The following statement outlines respondents' comments or definitions concerning this particular issue.

There is a need to protect or improve air and water quality.

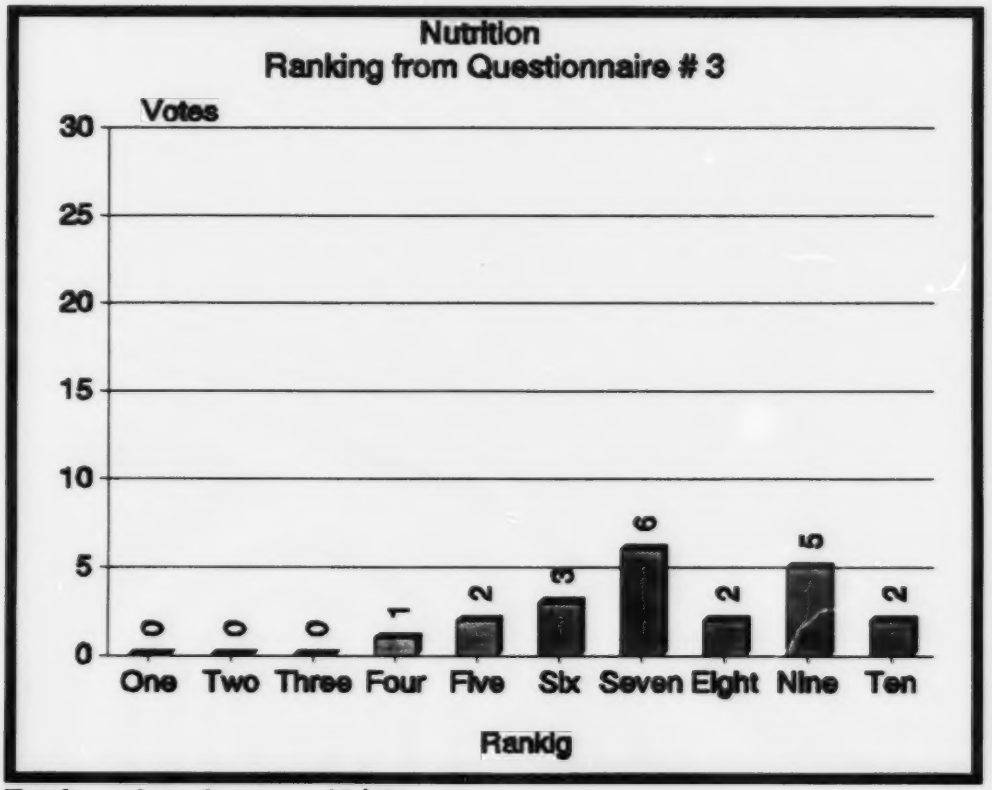


Total number of votes = 26/69
Weighted Mean = 9.582

ISSUE: **NUTRITION** **FINAL RANK 15**

The following statement outlines respondents' comments or definitions concerning this particular issue.

The nutritional needs of a significant number of children and adolescents are not being met.

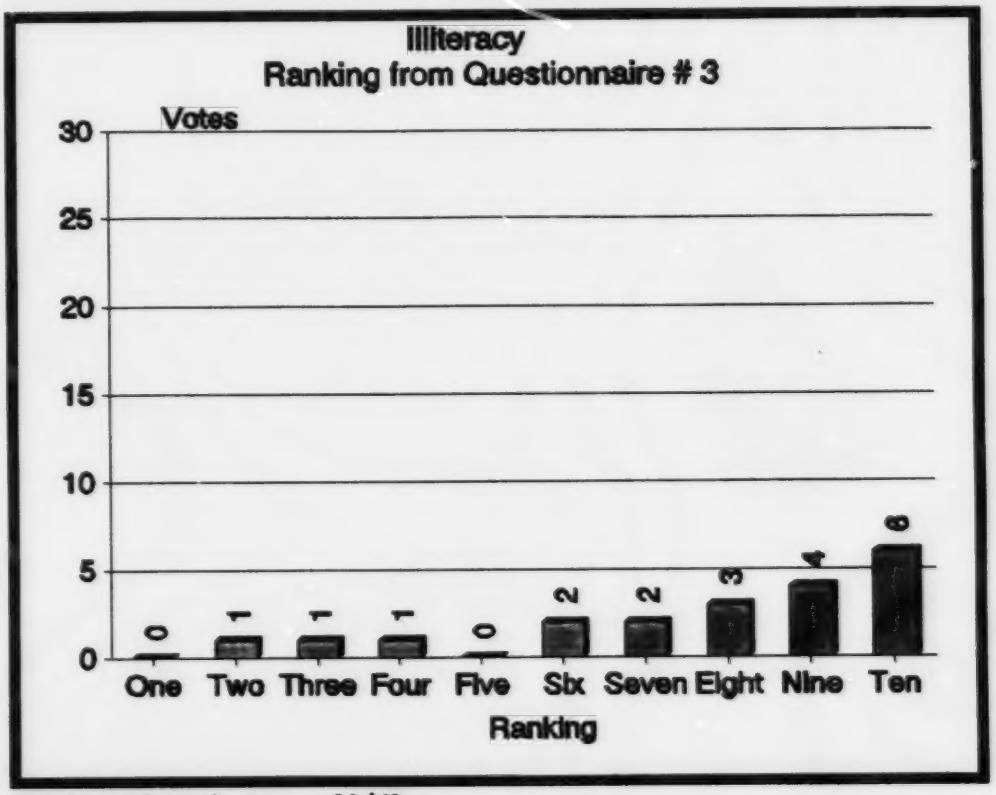


Total number of votes = 21/69
Weighted Mean = 9.866

ISSUE: **ILLITERACY** **FINAL RANK 16**

The following statement outlines respondents' comments or definitions concerning this particular issue.

The illiteracy rate among children and adolescents is unacceptably high.



Total number of votes = 20/69
Weighted Mean = 10.030

The Health of Children and Youth in British Columbia:
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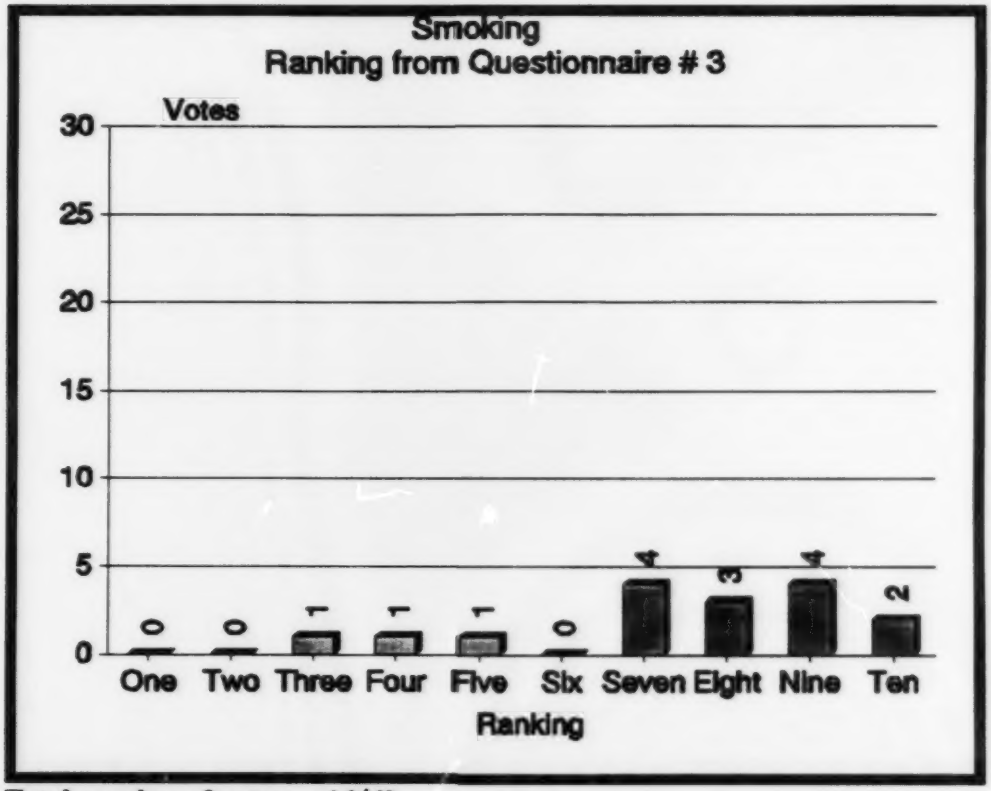
ISSUE: **SMOKING** **FINAL RANK 17**

The following statement outlines respondents' comments or definitions concerning this particular issue.

Children and youth continue to smoke tobacco despite the risks to their health.

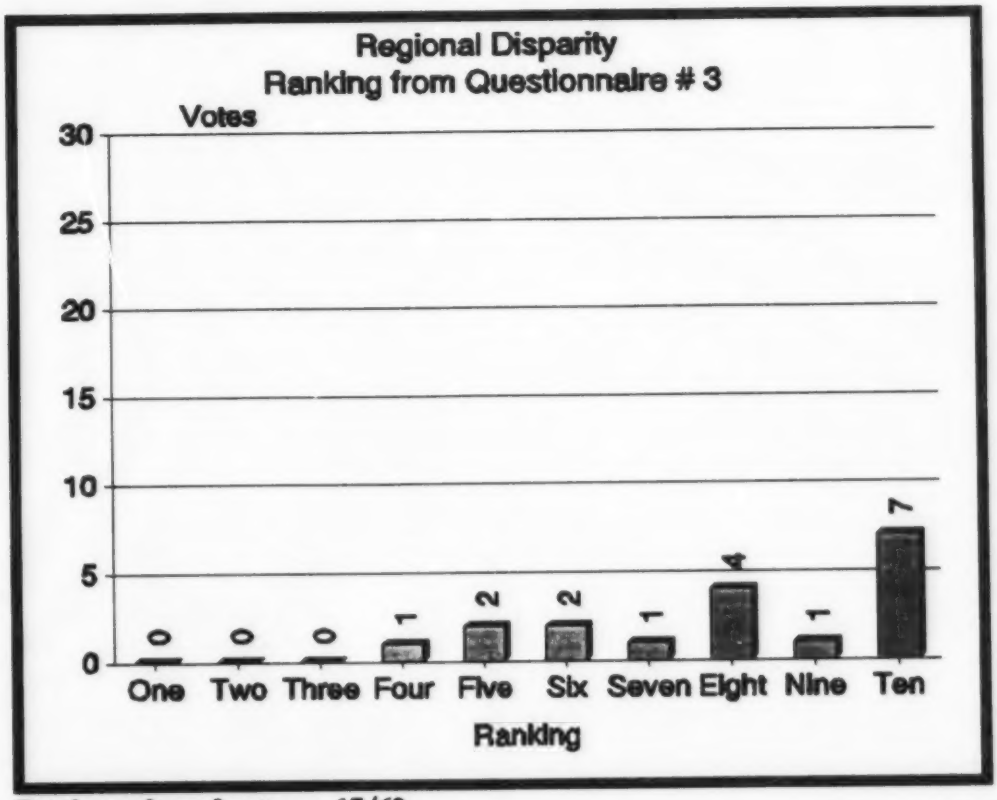


Total number of votes = 16/69
Weighted Mean = 10.164

ISSUE: **REGIONAL DISPARITY** **FINAL RANK 18**

The following statement outlines respondents' comments or definitions concerning this particular issue.

There is need to ensure equitable access to services regardless of the area of the province in which people live.



Total number of votes = 17/69
Weighted Mean = 10.284

The Health of Children and Youth in British Columbia:
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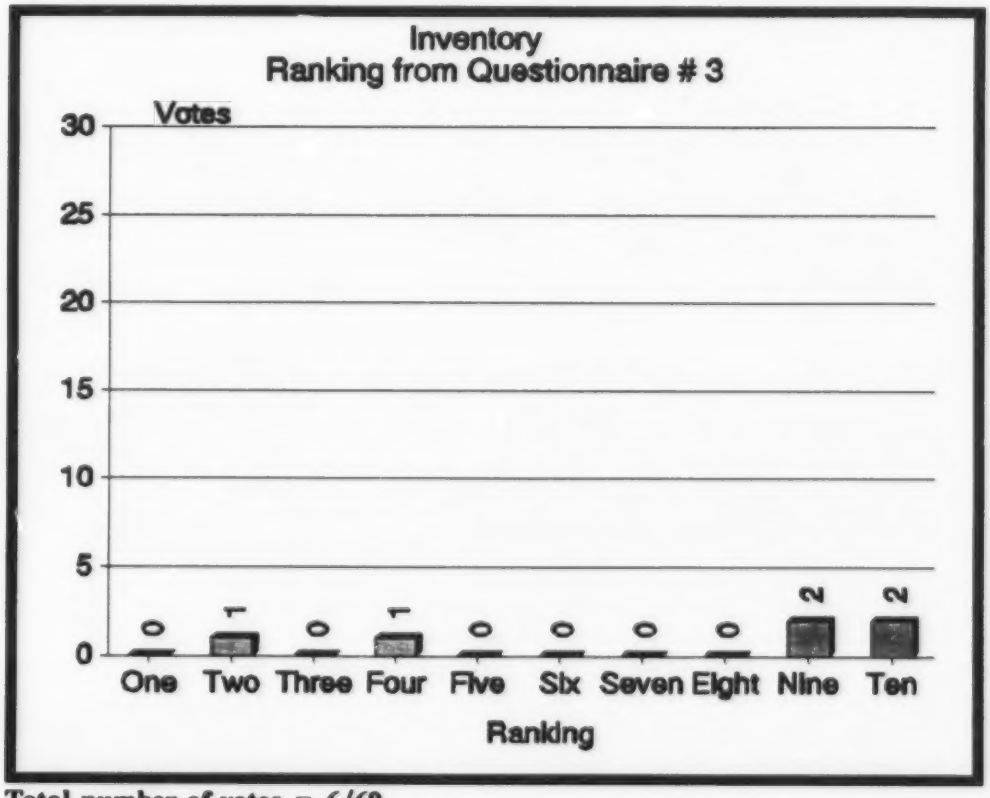
ISSUE: **INVENTORY** **FINAL RANK 19**

The following statement outlines respondents' comments or definitions concerning this particular issue.

There is a need to develop and make available an inventory of existing provincial/community services.



Total number of votes = 6/69
Weighted Mean = 10.672

The Health of Children and Youth in British Columbia:
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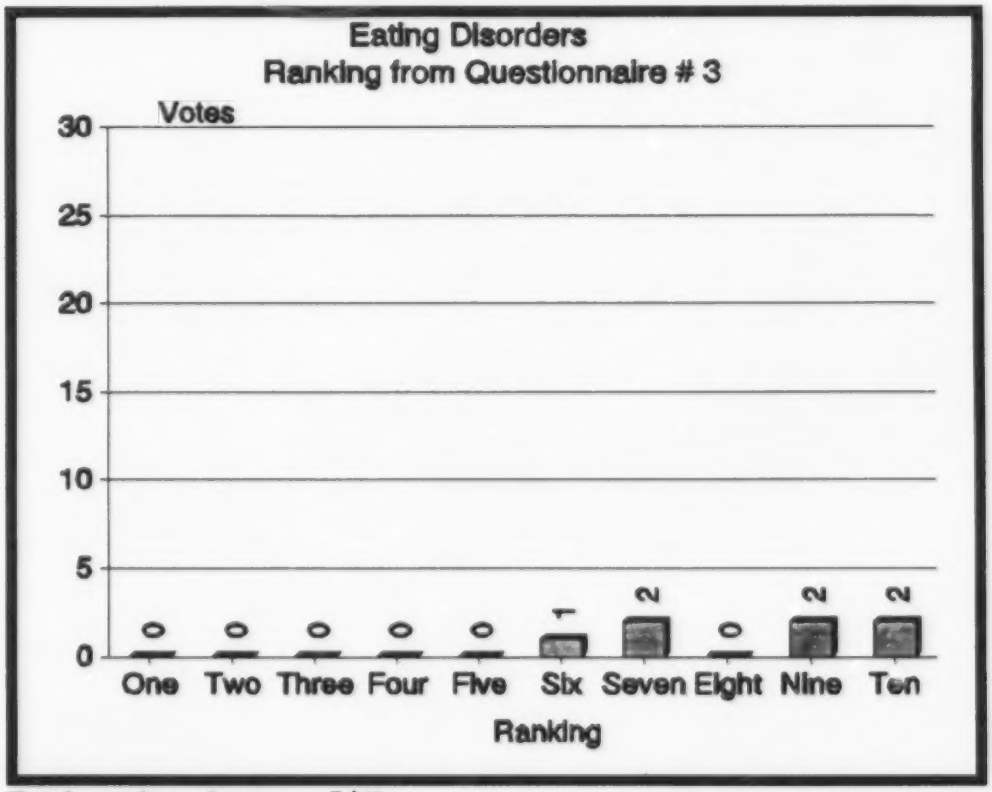
ISSUE: **EATING DISORDERS** **FINAL RANK 20**

The following statement outlines respondents' comments or definitions concerning this particular issue.

Children and youth experience disorders associated with eating such as anorexia nervosa and bulimia.



Total number of votes = 7/69
Weighted Mean = 10.716

5.2.9 **Other Interventions**

Respondents also highlighted the need for:

- more professional education in all sectors concerning the special needs of children and youth
- early screening and detection of physical, emotional, developmental and learning disorders
- quality, affordable day care
- better dispute resolution mechanisms to assist children and youth in accessing needed services and to educate them as to their legal rights and responsibilities
- strategies to eliminate violence and sexual exploitation in advertising and the media

6.0 CONCLUSIONS

The original intent of the Delphi Survey was to identify and obtain consensus on the priority issues that affect the health of children and youth in British Columbia. This objective has been realized, but there is a need to refine actions in order for this process to be useful.

The challenge that faces the Ministry and its various branches is to assess how well the identified issues are currently being addressed, what strategies/interventions can be considered, and who will take the "lead" responsibility for coordinating action? The recent establishment of the provincial Child and Youth Secretariat is seen as a positive step towards realizing cooperative action.

The issues identified in the delphi survey are not new to the Ministry of Health, however obtaining consensus on major issues can assist in the development of future policies and programs to maintain and improve the health of children and youth in British Columbia.

7.0 REFERENCES

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2. Dillman, Don. A. Mail and Telephone Surveys: The Total Design Method. A Wiley-Interscience Publication. John Wiley and Sons. New York. (1978).

3. Personal communication. Clarke, Heather. Nursing Research Consultant. Registered Nurses Association of British Columbia. (April 17, 1991).

8.0 ACKNOWLEDGEMENTS

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Members of the CCCYFH who contributed to the completion of the document included:

Dr. Sharon Bearpark
Dr. Terry Russell
Dr. Alan Thomson
Dr. Molly Thomson
Ms. June Wick

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* * * * *